

## Lawrence Berkeley National Laboratory Whistleblower Retaliation Complaint Form

This form is intended for use by an individual who believes that he/she has been retaliated against in his/her role as a Lawrence Berkeley National Laboratory (LBNL) employee or applicant for LBNL employment, in violation of the University of California's Whistleblower Protection Policy.

The completed form and any supporting documentation should be submitted in an envelope marked "Confidential" to the following:

Meredith Montgomery, Locally Designated Official  
Director, Institutional Assurance and Integrity  
Lawrence Berkeley National Laboratory  
One Cyclotron Road, MS 50A4112  
Berkeley CA 94720

The UC Whistleblower Protection Policy and Lawrence Berkeley National Laboratory policies and procedures for filing complaints of Retaliation for Reporting Improper Activities are available at <http://www2.lbl.gov/Workplace/RIIO/ec/>

**Complainant** (person alleging retaliation against himself/herself)

Name:	Job Title:
Department:	Location:
Mailing Address:	Telephone:

**Complainant's Designated Representative** (optional)

Name:	Job Title:
Mailing Address:	Telephone:

**Accused Employee(s)** (person or persons alleged to have retaliated against Complainant)

Name(s):	Dept(s):	Relationship(s) to Complainant:

I. ***Protected Disclosure (engaged in by Complainant alleged to be the basis for the retaliation)***  
If the alleged retaliation occurred for having refused to obey an illegal order, skip this section and proceed to ***III. Refusing to Obey an Illegal Order***

II. ***Describe what was disclosed***  
Identify the person(s) to whom each Protected Disclosure was made; specify the date or approximate date of each Protected Disclosure; and specify how each Protected Disclosure was communicated.

III. ***Refusing to Obey an Illegal Order***  
Describe the Illegal Order; including the University employee(s) who gave the Illegal Order; the date or approximate date on which the Illegal Order was given; what the Complainant did in response to the Illegal Order that constituted a refusal to obey; and the date or approximate date when the refusal occurred.

IV. ***Alleged Retaliation (engaged in by Respondent or Respondents)***  
Describe the Adverse Personnel Action(s); including the University employee(s) responsible for each Adverse Personnel Action; and the date or approximate date on which each Adverse Personnel Action occurred:

***Protected Disclosure as Contributing Factor in Adverse Action***

Describe the basis for Complainant's belief that the Protected Disclosure or Illegal Order was a contributing factor in the Adverse Personnel Action(s).

**VI. *Related Actions (other related proceedings/grievances)***

Type of Proceeding/Case No.	Date Initiated:	Administrator coordinating the matter:
State the outcome or current status of the proceeding(s):		

***Grievance Rights***

I understand that I may have the right to file a personnel grievance based on the facts I am alleging in this complaint.

***Please initial.*** \_\_\_\_\_.

***Declaration*** (required per the California Whistleblower Protection Act)

I swear under penalty of perjury under the laws of the State of California that the facts set forth in the statement of the complaint, and in any supporting information submitted with the complaint, are true and correct to the best of my knowledge and belief. I agree to cooperate in any investigation of this matter and declare that I have read, understand, and will comply with the confidentiality requirements stated above. If I have designated a person above to represent me in this matter, I understand that all notices to and communications with the named representative will be treated as if such notices and communications had been made to me.

\_\_\_\_\_  
Complainant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
County Where Signed

\_\_\_\_\_  
U.S. State Where Signed